on these children. The fourth pregnancy was aborted about one year ago at three months, after a long automobile ride. During the present pregnancy, her fifth, the prenatal examination and care were routine and uneventful, her Wassermann being negative. On June 27th, she being then about four and one-half months pregnant, began to have cramps and to flow. She entered the hospital, and in spite of every effort to control the bleeding, it was found necessary on July 7 to induce labor in order to put a stop to any further loss of blood. A few hours later she passed a dead fetus, with macerated head, the placenta showing an adherent, partially organized clot over about one-third of its surface, but with no other gross evidence of disease. Before the induction it was feared that a blood transfusion might be necessary, and to prepare for this her husband's blood was typed and a routine Wassermann was done on him. His Wassermann was 4 plus positive. It is needless to add that the idea of using his blood for a transfusion was abandoned. The Wassermann tests of both the man and his wife were then rechecked, with no change in the findings. It was possible to get cord blood from the fetus for a Wassermann, and this was negative. Sections of the placenta, the liver and the spleen of the fetus, examined under the direction of our pathologist, did *not* reveal the presence of Spirocheta pallida.

COMMENT

The salient features of this case, then, are as follows: The husband has a 4 plus Wassermann. The wife has a negative Wassermann. Her first pregnancy resulted in a child which went to full term and died at birth, weighing 10½ pounds. The next two pregnancies produced healthy children. The next aborted at three months, after possible trauma, while the last or fifth developed a dead fetus delivered at four and one-half months; but evidence of syphilis cannot be demonstrated.

Let us now review the possibilities:

1. The wife may be free from syphilis. Reliable authorities state that if the man's infection is from five to seven years' duration, treated or untreated, he may marry and his wife will not acquire the disease. In this case I can get no history of a primary infection in the man, so that the years' duration of his infection is unknown.

2. The wife may have a latent infection. Such women may or may not convey the disease to their offspring, but the probability of such conveyance is dependent somewhat on the age of her infection; one of many years' standing being less likely to be transmitted than a recent one, and the infection of the child is more severe and more apt to cause early abortion in the earlier pregnancies. Our case would seem to follow the reverse of this tendency.

3. The husband may have acquired syphilis since the birth of the two healthy children. This possibility cannot be disproved, but it seems probable that he would have found it difficult to conceal this circumstance from his wife. His history does not suggest such a condition. It is possible that he might have overlooked a youthful infection with a mild course, to the extent he now would state that he never had syphilis; but this would not hold for a recent infection.

4. The father might have infected the child at the time of conception through the means of infected semen without the mother acquiring syphilis. This used to be considered possible; but modern methods of study and research would seem to prove such a possibility highly improbable, and modern opinion is against this method of transmission.

Now let us review the steps that should be taken in the treatment of this rather complicated situation. Immediately we come up against the economic and sociologic aspects of the case. The father is a working man of the limited income group, of moderate intelligence, but ignorant of the more or less remote potentialities of his condition, and resentful of the findings. He should, of course, begin treatment at once for his syphilis and, if unwilling to do so, can be legally compelled to submit. The two apparently healthy children should have Wassermann tests taken, and this also can be done through the legal authorities, if necessary. It should be remembered that one or both of these children may be clinically free from symptoms of the disease to the age of eighteen years and subsequently develop a keratitis. The mother should have a spinal fluid Wassermann taken; but if this is negative and her two children have negative Wassermanns, my opinion is, considering that the five and one-half month fetus showed no evidence of syphilis, that she should not be treated. If, however, she again becomes pregnant, it would be wise to give her a provocative test, the result of such test determining whether or not she should be treated during the pregnancy.*

1421 State Street.

HIPPOCRATES' APHORISMS†

By M. Scholtz, M.D.
Arcadia

Section One

16. 'Tis proper in diseases bearing fever
To keep the patients on a liquid food;
Especially young children and all persons
Who have acquired such eating habitude.

17. To estimate the frequency and size
Of feedings for a patient, the healer must
Consider age, his and his country's habits—
Then only can he properly adjust.

18. Food is borne worst in summer and in autumn,
Most easily in winter and in spring.

19. In periodic paroxysms of illness,
Don't serve the sick his customary ration;
But just before such spell may be expected
Put him on a mild and relative starvation.

20. In time of crisis and shortly after it,
Don't move the bowels nor change your recipe
In the used stimulant and purging methods;
Continue, better, the same therapy.

* September 29, 1939.—Since this report was written, I have information that the father is being treated at the County Clinic; the two children, also, have reported to me for serological tests, and are found to have negative reactions.
In the report, where the term Wassermann is used, it is understood that I refer to the usual complete serological tests—Kahn, Eagle and Laughlin.

† For other aphorisms, see California and Western Medicine, March, 1940, on page 125.

21. Excretions which should be evacuated
Must be well tended to, through proper outlets.

22. All fluids fully formed in body's drains
Should be evacuated sans delay;
But those which are not fully formed can stay,
Unless they (rarely) press for get-away.

23. Don't judge evacuations by their volume
But by their quality, and how they're borne;
And, if extreme purgation indicated,
Induce it, if the patient 's not too worn.

24. Use purging lightly in acute diseases
In the beginning, and be circumspect.

25. Removal of the stuff of morbid nature,
Which calls for purging, is well borne and good;
But purging of the stuff, which is not morbid,
Is weakening and should be well eschewed.

SECTION TWO

1. If sleep, no matter what disease may be,
Is difficult, it is an ill portent;
But, if it makes the patient feel quite better,
Prognosis of the case is excellent.

2. If sleep breaks up and ends delirium,
One can expect recovery to come.

3. If sleep or lack of it persists too long,
It indicates that something must be wrong.

4. No diet, whether gorging or starvation,
Is good, unless it's used in moderation.

5. The patient's marked and frequent lassitude
That the healer can't explain or well connect,
Should put him on his guard: it's proper then
Some latent illness or infection to suspect.

6. If what is usually a painful lesion
Does not occasion sharp distress of pain,
It is a serious sign of nerve impairment,
And points to an involvement of the brain.

7. Those patients who emaciated slowly
Ought to regain their weight at a slow rate;
But those who lost their weight quite quickly
Can well regain it at an early date.

8. If a convalescent eats but does not gain,
He, likely, does not utilize his food;
But if he does not eat and does not gain,
Then his evacuation is not good.

9. To render purging fully operate,
Put the patient's body in a fluent state.

10. The more one feeds uncleansed and undrained bodies,
The more he injures them by doing so.

(To be continued)

413 Longden Avenue.

EPHEDRIN ADMINISTRATION IN ALLERGIC INDIVIDUALS: A SUGGESTED INNOVATION*

By JACK COHN, M.D.
San Francisco

IT is well known that the drugs of choice in the symptomatic treatment of asthma and hay fever are epinephrin and ephedrin. The purpose of this discussion is not to compare the two drugs to demonstrate their relative efficacy, but to show that ephedrin when it is known to produce relief in allergic individuals can be administered in such a manner that these individuals have prolonged relief from their symptoms.

Patients were chosen who routinely took ephedrin at bedtime to relieve their allergic symptoms, for example: blocked nose, wheezing, dyspnea, etc. These patients would be awakened by a return of their symptoms within three to four hours after their first medication, and upon repeating the dosage of their ephedrin would spend a restless and anxious period of time before returning to sleep. A record of their nightly performances was kept for a period of ten days. The ephedrin used in the above preliminary experiment was made up in tablet form, the dosage being three-eighths of a grain of ephedrin hydrochlorid in combination with one-half grain of phenobarbital. These patients were allowed to repeat the dosage just described as often as necessary during the night.

From the eleventh to the twentieth day in combination with the tablet already described, a second tablet was taken at the same time. This tablet contained three-eighths of a grain of ephedrin and one-half of a grain of phenobarbital, and was coated with a "timed waxed enteric coating." This wax was supposed to dissolve four hours after ingestion, thus allowing the medication to be absorbed from the gastro-intestinal tract at this time. Previous experiment with a radiopaque substance covered with this wax had been done, and it had been determined roentgenologically that the wax coating was entirely reliable as to its time for dissolving.

In every case used for this experiment there was a marked increase in the sleeping time of the patient, and it can be assumed that there was a prolonged relief from distressing allergic symptoms by this fact. From the above one must conclude that the uncoated tablet reacts immediately, and the wax-coated tablet is available for the patient four hours after ingestion, at which time the patient would undoubtedly, if it were not for the wax tablet, be in distress.

In summary, it can be pointed out that an innovation in the administration of ephedrin has been accomplished by the simple procedure of preparing an ephedrin tablet which will automatically be available to the allergic sufferer without disturbing his nightly rest.

450 Sutter Street.

* A preliminary communication.